

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: IN
APPLICATION YEAR: 2010

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FORM 2
MCH BUDGET DETAILS FOR FY 2010

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: IN

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 11,779,106

A.Preventive and primary care for children:

\$ 3,666,529 (31.13%)

B.Children with special health care needs:

\$ 3,609,321 (30.64%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 673,456 (5.72%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 17,877,130

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 412,179

5. OTHER FUNDS (Item 15e of SF 424)

\$ 3,269,680

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 2,831,064

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 11,539,520

\$ 24,390,053

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 36,169,159

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 91,090

c. CISS: \$ 104,953

d. Abstinence Education: \$ 565,826

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 1,468,365

j. Education: \$ 0

k. Other: \$ 0

PSUPP \$ 400,600

UNHS \$ 150,000

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 2,780,834

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 38,949,993

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: IN

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,500,265	\$ 8,707,918	\$ 12,265,926	\$ 10,452,059	\$ 11,890,821	\$ 11,116,922
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 5,125,941	\$ 5,272,222	\$ 4,696,098	\$ 3,576,150	\$ 951,353	\$ 1,438,762
3. State Funds <i>(Line3, Form 2)</i>	\$ 26,364,816	\$ 12,796,939	\$ 31,559,107	\$ 12,267,103	\$ 33,712,209	\$ 18,183,757
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 678,670	\$ 758,057	\$ 1,137,374	\$ 1,119,588	\$ 753,805	\$ 1,568,926
5. Other Funds <i>(Line5, Form 2)</i>	\$ 2,401,513	\$ 3,507,541	\$ 3,353,257	\$ 1,667,081	\$ 2,620,339	\$ 1,572,421
6. Program Income <i>(Line6, Form 2)</i>	\$ 2,481,975	\$ 3,228,250	\$ 2,949,327	\$ 3,050,389	\$ 2,006,531	\$ 2,446,299
7. Subtotal <i>(Line8, Form 2)</i>	\$ 49,553,180	\$ 34,270,927	\$ 55,961,089	\$ 32,132,370	\$ 51,935,058	\$ 36,327,087
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 2,982,599	\$ 2,910,204	\$ 3,149,562	\$ 2,643,167	\$ 3,160,204	\$ 2,450,286
9. Total <i>(Line11, Form 2)</i>	\$ 52,535,779	\$ 37,181,131	\$ 59,110,651	\$ 34,775,537	\$ 55,095,262	\$ 38,777,373
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: IN

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 11,890,821	\$ 11,730,974	\$ 14,210,461	\$	\$ 11,779,106	\$
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 1,216,085	\$ 775,439	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form 2)</i>	\$ 25,274,851	\$ 15,215,184	\$ 19,065,236	\$	\$ 17,877,130	\$
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 1,172,528	\$ 1,134,736	\$ 1,146,380	\$	\$ 412,179	\$
5. Other Funds <i>(Line5, Form 2)</i>	\$ 2,874,550	\$ 3,596,790	\$ 3,076,071	\$	\$ 3,269,680	\$
6. Program Income <i>(Line6, Form 2)</i>	\$ 2,473,958	\$ 2,111,508	\$ 2,586,655	\$	\$ 2,831,064	\$
7. Subtotal <i>(Line8, Form 2)</i>	\$ 44,902,793	\$ 34,564,631	\$ 40,084,803	\$ 0	\$ 36,169,159	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 2,361,587	\$ 2,834,251	\$ 2,963,390	\$	\$ 2,780,834	\$
9. Total <i>(Line11, Form 2)</i>	\$ 47,264,380	\$ 37,398,882	\$ 43,048,193	\$ 0	\$ 38,949,993	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

Difference is due to previous years carryover.

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2008
Field Note:
Difference is due to previous years carryover.
2. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2008
Field Note:
Difference is due to previous years carryover.
3. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2007
Field Note:
Difference is due to previous years carryover
4. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2008
Field Note:
Difference is due to carryover.
5. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2007
Field Note:
Difference is due to previous years carryover
6. **Section Number:** Form3_Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2008
Field Note:
Difference is due to carryover.
7. **Section Number:** Form3_Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2007
Field Note:
Difference is due to previous years carryover
8. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2008
Field Note:
Difference is due to carryover.
9. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2007
Field Note:
Difference is due to previous years carryover
10. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2008
Field Note:
Difference is due to carryover.
11. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2007
Field Note:
Difference is due to previous years carryover
12. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds

Column Name: Expended
Year: 2008
Field Note:
Difference is due to carryover.

13. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2007
Field Note:
Difference is due to previous years carryover

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: IN

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 8,443,978	\$ 5,135,810	\$ 8,668,022	\$ 5,587,827	\$ 6,577,271	\$ 4,671,489
b. Infants < 1 year old	\$ 1,211,677	\$ 1,008,326	\$ 1,216,057	\$ 967,225	\$ 1,049,895	\$ 1,106,601
c. Children 1 to 22 years old	\$ 7,878,696	\$ 5,297,221	\$ 9,185,736	\$ 5,499,821	\$ 6,451,883	\$ 4,130,488
d. Children with Special Healthcare Needs	\$ 31,414,846	\$ 14,993,092	\$ 36,390,251	\$ 13,812,256	\$ 37,218,246	\$ 20,233,732
e. Others	\$ 0	\$ 7,493,848	\$ 0	\$ 5,837,056	\$ 0	\$ 5,587,647
f. Administration	\$ 603,983	\$ 342,630	\$ 501,023	\$ 428,185	\$ 637,763	\$ 597,130
g. SUBTOTAL	\$ 49,553,180	\$ 34,270,927	\$ 55,961,089	\$ 32,132,370	\$ 51,935,058	\$ 36,327,087
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 90,000		\$ 90,000		\$ 90,000	
c. CISS	\$ 100,000		\$ 100,000		\$ 140,000	
d. Abstinence Education	\$ 868,605		\$ 754,073		\$ 754,073	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 1,585,394		\$ 1,697,449		\$ 1,412,531	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
ICCHCP	\$ 0		\$ 0		\$ 250,000	
PSUPP	\$ 338,600		\$ 363,600		\$ 363,600	
UNHS	\$ 0		\$ 144,440		\$ 150,000	
III. SUBTOTAL	\$ 2,982,599		\$ 3,149,562		\$ 3,160,204	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: IN

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 7,535,120	\$ 11,948,325	\$ 7,503,631		\$ 6,287,515	
b. Infants < 1 year old	\$ 1,547,619	\$ 759,955	\$ 1,876,093		\$ 1,636,633	
c. Children 1 to 22 years old	\$ 6,612,618	\$ 10,767,103	\$ 7,376,058		\$ 7,512,902	
d. Children with Special Healthcare Needs	\$ 28,591,740	\$ 10,377,048	\$ 22,667,176		\$ 20,058,653	
e. Others	\$ 0	\$ 0	\$ 0		\$ 0	
f. Administration	\$ 615,696	\$ 712,200	\$ 661,845		\$ 673,456	
g. SUBTOTAL	\$ 44,902,793	\$ 34,564,631	\$ 40,084,803	\$ 0	\$ 36,169,159	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,644		\$ 94,644		\$ 91,090	
c. CISS	\$ 155,788		\$ 140,000		\$ 104,953	
d. Abstinence Education	\$ 0		\$ 566,556		\$ 565,826	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 1,560,555		\$ 1,611,410		\$ 1,468,365	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
PSUPP	\$ 400,600		\$ 400,780		\$ 400,600	
UNHS	\$ 150,000		\$ 150,000		\$ 150,000	
III. SUBTOTAL	\$ 2,361,587		\$ 2,963,390		\$ 2,780,834	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2009
Field Note:
Difference is due to previous years carryover
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2008
Field Note:
Difference is due to previous years carryover.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2007
Field Note:
Difference is due to previous years carryover
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2009
Field Note:
Difference is due to previous years carryover
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2008
Field Note:
Difference is due to previous year carryover.
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2007
Field Note:
Difference is due to previous years carryover
7. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2009
Field Note:
Difference is due to previous years carryover
8. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2008
Field Note:
Difference is due to previous years carryover.
9. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2007
Field Note:
Difference is due to previous years carryover
10. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2009
Field Note:
Difference is due to previous years carryover
11. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2008
Field Note:
Difference is due to previous years carryover.
12. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN

Column Name: Expended

Year: 2007

Field Note:

Difference is due to previous years carryover

13. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersBudgeted

Row Name: All Others

Column Name: Budgeted

Year: 2009

Field Note:

Difference is due to previous years carryover

14. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersExpended

Row Name: All Others

Column Name: Expended

Year: 2007

Field Note:

Difference is due to previous years carryover

15. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminBudgeted

Row Name: Administration

Column Name: Budgeted

Year: 2009

Field Note:

Difference is due to previous years carryover

16. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2008

Field Note:

Difference is due to previous years carryover.

17. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2007

Field Note:

Difference is due to previous years carryover

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: IN

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 7,292,335	\$ 17,253,378	\$ 19,530,717	\$ 14,199,521	\$ 14,973,082	\$ 13,019,914
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 28,208,560	\$ 8,070,274	\$ 24,050,864	\$ 8,175,574	\$ 25,791,692	\$ 13,702,289
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,908,912	\$ 3,019,522	\$ 3,935,733	\$ 4,017,739	\$ 4,664,006	\$ 3,008,030
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 10,143,373	\$ 5,927,753	\$ 8,443,775	\$ 5,739,536	\$ 6,506,278	\$ 6,596,854
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 49,553,180	\$ 34,270,927	\$ 55,961,089	\$ 32,132,370	\$ 51,935,058	\$ 36,327,087

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: IN

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 16,340,115	\$ 16,843,345	\$ 17,805,732	\$	\$ 5,688,485	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 16,943,524	\$ 11,489,283	\$ 10,676,564	\$	\$ 17,477,119	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 4,237,716	\$ 2,461,002	\$ 3,793,473	\$	\$ 5,622,458	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 7,381,438	\$ 3,771,001	\$ 7,809,034	\$	\$ 7,381,097	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 44,902,793	\$ 34,564,631	\$ 40,084,803	\$ 0	\$ 36,169,159	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2008
Field Note:
Difference is due to previous year carryover.
2. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2007
Field Note:
Difference is due to previous years carryover
3. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2008
Field Note:
Difference is due to previous years carryover.
4. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2007
Field Note:
Difference is due to previous years carryover
5. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2008
Field Note:
Difference is due to previous years carryover.
6. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2007
Field Note:
Difference is due to previous years carryover
7. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2008
Field Note:
Difference is due to previous years carryover.
8. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2007
Field Note:
Difference is due to previous years carryover

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: IN

Total Births by Occurrence: 90,363

Reporting Year: 2007

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	89,857	99.4	8	8	8	100
Congenital Hypothyroidism	89,857	99.4	45	45	45	100
Galactosemia	89,857	99.4	2	2	2	100
Sickle Cell Disease	89,857	99.4	26	26	26	100
Other Screening (Specify)						
Biotinidase Deficiency	89,857	99.4	2	2	2	100
Cystic Fibrosis	89,857	99.4	96	5	5	100
MCAD	89,857	99.4	6	6	6	100
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	89,857	99.4	1	1	1	100
SCAD	89,857	99.4	1	1	1	100
Isovaleric Acidemia	89,857	99.4	1	1	1	100
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	89,857	99.4	10	8	8	100
Hyper Citrull	89,857	99.4	2	2	2	100
Trans. Tyrosin.	89,857	99.4	6	6	6	100

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2010
Field Note:
All presumptive positives were confirmed.
2. **Section Number:** Form6_Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2010
Field Note:
All presumptive positives were confirmed.
3. **Section Number:** Form6_Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2010
Field Note:
All presumptive positives were confirmed.
4. **Section Number:** Form6_Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2010
Field Note:
All presumptive positives were confirmed.
5. **Section Number:** Form6_Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2010
Field Note:
1) The two cases of Biotinidase Deficiency (2007) were presumed positive, confirmed, and treated.

2) All other cases which match are accurate.

3) The Galactosemia Variant (2007) actually confirmed higher enzyme levels in an additional 45 individuals (79 "confirmed") but those levels did not require treatment; only 34 individuals required treatment. Because of the auto-calculation function of the TVIS, it is impossible to say that 79 cases were confirmed positive but only 34 needed treatment and 100% of those needing treatment received treatment. This is a flaw in the form. Thus this note.

4) The Hyper Citrull actually included 6 clients followed with no treatment required.

5) The Trans. Tyrosin is correct but all 6 followed required no treatment.
Data source: ISDH NBS program

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: IN

Reporting Year: 2007

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	22,623	64.1	0.8	28.3	6.9	0.0
Infants < 1 year old	98,415	29.1	2.5	58.2	10.1	0.0
Children 1 to 22 years old	79,528	20.1	7.9	68.1	3.9	0.0
Children with Special Healthcare Needs	6,403	42.0	0.0	49.0	9.0	0.0
Others	17,432	0.0	0.0	77.0	23.0	0.0
TOTAL	224,401					

FORM NOTES FOR FORM 7

Figures are as close to unduplicated as possible to calculate, given the multiple programs and services from which data is collected by ISDH.

FIELD LEVEL NOTES

None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: IN

Reporting Year: 2007

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	90,363	76,088	9,388	128	1,188	0	0	3,571
Title V Served	89,857	75,897	9,317	125	1,054	0	0	3,464
Eligible for Title XIX	40,635	34,239	4,224	58	535	0	0	1,579
INFANTS								
Total Infants in State	98,415	82,090	10,804	191	2,002	0	0	3,328
Title V Served	97,431	81,767	10,211	172	1,982	0	0	3,299
Eligible for Title XIX	34,285	27,474	4,854	77	811	0	0	1,069

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	81,504	8,856	0	0	0	0	0	8,856
Title V Served	80,692	8,350	0	0	0	0	0	8,350
Eligible for Title XIX	36,728	3,907	0	0	0	0	0	3,907
INFANTS								
Total Infants in State	93,494	5,021	0	0	0	0	0	5,021
Title V Served	92,559	4,971	0	0	0	0	0	4,971
Eligible for Title XIX	42,072	2,259	0	0	0	0	0	2,259

FORM NOTES FOR FORM 8

More Than One Race Reported is included in Other And Unknown as the data provided did not seperate these two categories.

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2010
Field Note:
Native Hawaiian or NPI included w/Asian.

Source of Data: ISDH ERC Figures are not final.
2. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2010
Field Note:
Native Hawaiian or NPI included w/Asian.

Source of Data: ISDH ERC Figures are not final.
3. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2010
Field Note:
Native Hawaiian or NPI included w/Asian.

Source of Data: ISDH ERC Figures are not final.
4. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2010
Field Note:
Native Hawaiian or NPI included w/Asian.

Source of Data: ISDH ERC Figures are not final.
5. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2010
Field Note:
Native Hawaiian or NPI included w/Asian.

Source of Data: ISDH ERC Figures are not final.
6. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2010
Field Note:
Native Hawaiian or NPI included w/Asian.

Source of Data: ISDH ERC Figures are not final.
7. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalNotHispanic
Row Name: Total Deliveries in State
Column Name: Total Not Hispanic or Latino
Year: 2010
Field Note:
Hispanic Ethnicity not borken down.
Source of Data: ISDH ERC Figures are not final.
8. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2010
Field Note:
Hispanic Ethnicity not borken down.
Source of Data: ISDH ERC Figures are not final.
9. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2010
Field Note:
Hispanic Ethnicity not borken down.
Source of Data: ISDH ERC Figures are not final.
10. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalNotHispanic
Row Name: Total Infants in State

Column Name: Total Not Hispanic or Latino
Year: 2010
Field Note:
Hispanic Ethnicity not borken down.
Source of Data: ISDH ERC Figures are not final.

11. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2010
Field Note:
Hispanic Ethnicity not borken down.
Source of Data: ISDH ERC Figures are not final.

12. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2010
Field Note:
Hispanic Ethnicity not borken down.
Source of Data: ISDH ERC Figures are not final.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: IN

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 433-0746	(800) 433-0746	(800) 433-0746	(800) 433-0746	(800) 433-0746
2. State MCH Toll-Free "Hotline" Name	Indiana Family Helpline	Indiana Family Helpline	Indiana Family Helpline	Indiana Family Helpline	Indiana Family Helpline
3. Name of Contact Person for State MCH "Hotline"	Mary Bisbecos	Mary Bisbecos	Mary Bisbecos	Mary Bisbecos	Mary Bisbecos
4. Contact Person's Telephone Number	(317) 233-1230	(317) 233-1230	(317) 233-1230	(317) 233-1230	(317) 233-1230
5. Contact Person's Email	Mbisbeco@isdh.in.gov				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	27,026	25,018	19,630

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: IN

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: IN

1. State MCH Administration:
(max 2500 characters)

State MCH Administration: The Indiana State Department of Health administers the Title V grant through Maternal and Child Health (MCH) and Children's Special Health Care Services (CSHCS). These are divisions of the Health and Human Services Commission. MCH administered programs include: Prenatal Substance Use Prevention Program, Indiana Perinatal Network, Preventive and Primary Child Health Care, Indiana RESPECT (Reducing Early Sex and Pregnancy by Educating Children and Teens), Family Care Coordination, Prenatal care Services, Prenatal Care Coordination, Adolescent Health Centers, Family Planning Services, the Genomics/Newborn Screening (NBS) Program which includes Early Hearing Detection and Intervention (EHDI, Newborn Heel Stick Program, Sickle Cell Program and Indiana Birth Defects and Problem Registry. MCH also administers the Oral Health Program and supports other programs within ISDH including the Indiana Childhood Lead Poisoning Prevention Program, Injury Prevention, and Water Fluoridation Program. The CSHCS provides payment for medical services for children that qualify for the state funded program and also has an active Community Integrated Services program. Both Title V programs work with many other programs within ISDH such as WIC, Office of Primary Care, Office of Women's Health, Chronic Disease, Preparedness, Immunizations, Office of Minority Health, as well as the Division of Nutrition and Physical Activity.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 11,779,106
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 17,877,130
5. Local MCH Funds (Line 4, Form 2)	\$ 412,179
6. Other Funds (Line 5, Form 2)	\$ 3,269,680
7. Program Income (Line 6, Form 2)	\$ 2,831,064
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 36,169,159

9. Most significant providers receiving MCH funds:

Local Health Department & Community Agencies
Hospitals & School Based Clinics
Adolescent Health Centers
Free Standing Health Clincs

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	22,623
b. Infants < 1 year old	98,415
c. Children 1 to 22 years old	79,528
d. CSHCN	6,403
e. Others	17,432

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

a. Direct medical Care and Enabling Services: During FY 2008, MCH used the Title V grant to fund 7 family planning projects, 5 genetics centers, 9 infant health projects, 14, prenatal care clinics, 11 child health projects, and 3 school-based adolescent health grantees that provided direct medical care. CSHCS reimbursed medical services for 6,896 children. Title V also funded 1 high risk infant follow-up program, 25 prenatal care coordination programs, 5 Prenatal Substance Use Prevention Programs, and 10 Family Care Coordination programs.

b. Population-Based Services:
(max 2500 characters)

b. Population-Based Services: MCH provided or funded the 1-800 number Indiana Family Helpline, the Early Childhood Comprehensive Systems (ECCS or Sunny Start) program, the adolescent teen pregnancy prevention program (Indiana RESPECT), SIDS and other infant death prevention, community fluoridation services, injury prevention, and fetal infant mortality review projects.

c. Infrastructure Building Services:
(max 2500 characters)

c. Infrastructure Building Services: CSHCS began an Integrated Community Services program for all CYSHCN in the state by forming the Community Integrated Systems of Services Advisory Committee. MCH infrastructure building efforts include support of the Indiana Perinatal Network, developing the MCH, NBS and PSUPP data system, the integration of data systems to facilitate the Indiana Birth Defects and Problems Registry (IBDPR), the Genomics in Public Health and Newborn Screening education projects, other data analysis projects for planning, evaluation and reporting, policy and standards development, and monitoring MCSHC grantees.

12. The primary Title V Program contact person:

Name	Judith A Ganser, MD, MPH
Title	Medical Director
Address	2 N. Meridian Street 7th. Floor
City	Indianapolis

13. The children with special health care needs (CSHCN) contact person:

Name	Kathy J. Bowen
Title	Director
Address	2 N. Meridian Street 7th. Floor
City	Indianapolis

State	Indiana
Zip	46204
Phone	3,172,331,240
Fax	3,172,342,995
Email	jganser@isdh.in.gov
Web	http://www.in.gov/isdh/19571.htm

State	Indiana
Zip	46204
Phone	3,172,343,113
Fax	3,172,342,995
Email	kbowen@isdh.in.gov
Web	http://www.in.gov/isdh/19613.htm

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: IN

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	99	99.2	100	100	100
Annual Indicator	100	100.0	100.0	100.0	100.0
Numerator		111	126	132	149
Denominator		111	126	132	149
Data Source					ISDH - NBS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	98	98	98	98	98
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2008

Field Note:

Beginning next year we will be reporting this measure with a slightly different interpretation than in the past. Rather than treating referrals as appropriate follow-up services received, we will be tracking percentage who receive services from those referrals. Thus the figure, while high, will no longer be 100% for this measure.

Objectives have been lowered to 98% in anticipation of the lower outcome expected. 2009 will be treated as baseline data.

Source of data: ISDH NBS Program

2. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2007

Field Note:

Provisional based on calculations now used (see 2006 note for details).

3. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2006

Field Note:

Note: All tests except for Sickle Cell TRAIT are included in the 2006 total.

Due to the new system in place for determining appropriate need for follow up, 100% of our confirmed positives will now always receive appropriate follow-up.

Source of data: ISDH NBS program.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	63	63	63	64	60
Annual Indicator	61.1	61.1	61.1	59.3	59.3
Numerator					
Denominator					
Data Source					SLAITS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	60	61	61	62	62
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

The SLAITS/Survey of Child Health Needs is done every other year; thus the results remain the same for any two year period. Some questions changed significantly from 2005 to 2007, but the pre-populated fields remain the same from 2007 to 2008.

Source of data: Pre-populated SLAITS federal survey.

2. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey. Application Program will not allow change in objectives for current or previous years.

3. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure. This is from SLAITS.

Application Program will not allow change in objectives for current or previous years.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	56	56	56	56	55
Annual Indicator	55.7	55.7	55.7	54.6	54.6
Numerator					
Denominator					
Data Source					SLAITS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	55	56	56	57	57
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

The SLAITS/Survey of Child Health Needs is done every other year; thus the results remain the same for any two year period. Some questions changed significantly from 2005 to 2007, but the pre-populated fields remain the same from 2007 to 2008.

Source of data: Pre-populated SLAITS federal survey.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

Application Program will not allow change in objectives for current or previous years.

3. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure. This is from SLAITS.

Application Program will not allow change in objectives for current or previous years.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	65	65	67	67	62
Annual Indicator	63.3	63.3	63.3	61.8	61.8
Numerator					
Denominator					
Data Source					SLAITS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	62	63	63	64	64
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

The SLAITS/Survey of Child Health Needs is done every other year; thus the results remain the same for any two year period. Some questions changed significantly from 2005 to 2007, but the pre-populated fields remain the same from 2007 to 2008.

Source of data: Pre-populated SLAITS federal survey.

2. Section Number: Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Application Program will not allow change in objectives for current or previous years.

3. Section Number: Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure. This is from SLAITS.

Application Program will not allow change in objectives for current or previous years.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	80	80	80	80	95
Annual Indicator	79.5	79.5	79.5	94.3	94.3
Numerator					
Denominator					
Data Source					SLAITS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	95	96	96	97	97
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2008

Field Note:

The SLAITS/Survey of Child Health Needs is done every other year; thus the results remain the same for any two year period. Some questions changed significantly from 2005 to 2007, but the pre-populated fields remain the same from 2007 to 2008.

Source of data: Pre-populated SLAITS federal survey.

2. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

Application Program will not allow change in objectives for current or previous years.

3. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure. This is from SLAITS.

Application Program will not allow change in objectives for current or previous years.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	6	6	6	6	41.5
Annual Indicator	5.8	5.8	5.8	41.1	41.1
Numerator					
Denominator					
Data Source					SLAITS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	41.5	42	42	42	43
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

The SLAITS/Survey of Child Health Needs is done every other year; thus the results remain the same for any two year period. Some questions changed significantly from 2005 to 2007, but the pre-populated fields remain the same from 2007 to 2008.

Source of data: Pre-populated SLAITS federal survey.

2. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

Application Program will not allow change in objectives for current or previous years.

3. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure. This is from SLAITS.

Application Program will not allow change in objectives for current or previous years.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	80	81	81	84	84
Annual Indicator	79.0	81	83.2	76.8	89.1
Numerator	200,692				
Denominator	254,041				
Data Source					ISDH - Imm. Pgm
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	85	85	86	86	87
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

Figure provided without numerator or denominator.

Source of data: ISDH Immunization program.

2. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

This represents the low end of the 95% confidence level rather than the median and thus appears to be a drop when actually it is not. The original provisional figure of 84 has been corrected to match the final data provided by the IDH immunization program.

Source of data: ISDH Immunization program.

3. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source of data: ISDH Immunization Program.

Figure used is the lowest of the figures provided by the ISDH Immunization program for this group of immunizations and this age range. Individual numerator and denominator figures were not provided; however, we expect to receive those later in the year.

Objectives for 2007 and forward have been revised upwards due to FY2006 success.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	22	20	19.5	19	20.1
Annual Indicator	20.9	20.5	20.8	22.0	21.5
Numerator	2,749	2,757	2,808	2,954	
Denominator	131,532	134,457	134,753	133,975	

Data Source

ISDH - ERC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	20	19.8	19.6	19.4	19.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2008

Field Note:

Figure projected from past data.

Source of past data: ISDH ERC

2. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

ERC provided updated provisional data for rate and numerator; denominator calculated from those figures

Source of data: ISDH ERC.

3. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

No data available for FY2006 at this time. We are in process of acquiring FY2006 data and hope to have that data later in the year.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	42.7	46	47	48	49
Annual Indicator	45.1	44.5	47.1	48.7	49
Numerator					
Denominator					
Data Source					ISDH - Oral Hlth

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	50	51	52	53	54
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

Projected based on last year's information from ISDH Oral Health program.

Note: This survey has not been done since 2005. It will not be done again until 2010. Projection based on information provided by the ISDH Oral Health Program in 2006 as well as data from 2005 and earlier.

2. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

Projected based on last year's information from ISDH Oral Health program.

Note: This survey has not been done since 2005. It will not be done again until 2010. However, our programs have been successful, decreasing the rate of decline from -2.2 to -.0.6 in one year. Based on that success, we can predict increasing success for the intervening years. This means that, based on our revised projection, we met our goal for 2007.

3. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

Projected based on last year's information from ISDH Oral Health program.

Note: This survey has not been done since 2005. It will not be done again until 2010. However, our programs have been successful, decreasing the rate of decline from -2.2 to -.0.6 in one year. Based on that success, we can predict increasing success for the intervening years. This revises 2006's figure and actually means that, based on our final revised projection, we met our goal for 2006.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	3	3	3.4	3.2	3
Annual Indicator	4.3	3.3	3.5	3.2	3
Numerator	57	44	46	44	
Denominator	1,330,543	1,326,607	1,301,093	1,375,000	

Data Source

ISDH - ERC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	2.8	2.6	2.5	2.4	2.3

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2008

Field Note:

Projected based on data provided in previous years.

Source of data: ISDH - ERC

2. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2007

Field Note:

Fluctuating figure; expected to decrease next year. Estimated (projected) to be 3.2. Actual numerator provided; denominator will be corrected with information from the USCB site. Temporarily denominator calculated from projected rate and actual numerator.

Source of data will be US Census Bureau; ISDH ERC.

3. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2006

Field Note:

Projection based on last year's data. 2006 data will not be complete per ISDH ERC until all figures are in to Vital Records and subsequently analyzed. VR does not get them from other states until September, so this will always be a provisional figure.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			35	31	35
Annual Indicator		29.2	30.2	34.6	35.4
Numerator					
Denominator					
Data Source					US CDC Report

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	36	37	38	39	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2008

Field Note:

Projection based on US CDC report which should be updated late summer/early fall.

Source of data: US CDC report.

2. Section Number: Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

Source of data: US CDC report.

3. Section Number: Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2006

Field Note:

Source of Data: ISDH WIC program.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	99	98.4	98.6	99.6	99.7
Annual Indicator	97.9	99.6	97.8	98.1	98.3
Numerator	86,077	87,371			
Denominator	87,927	87,685			

Data Source

ISDH - UNHS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	98.5	98.7	98.9	99.1	99.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

Program would not allow objective change for 2008; if it had, the projection would have been changed to 98.3 (and met), due to the final figures having been corrected for 2006 and 2007.

Source of data: ISDH UNHS

2. **Section Number:** Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

Provisional based on trend analysis.

Source of data will be ISDH UNHS/EHDI Program(s)

3. **Section Number:** Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

ISDH ERC and UNHS verified questionable immunization data. Final figure revised to reflect actual figure.

Source of data: ISDH UNHS

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	6	12	8.7	9.5	8.5
Annual Indicator	8.9	9.5	10.0	9.0	8
Numerator	144,000	161,260	158,000	141,990	
Denominator	1,617,977	1,689,985	1,577,629	1,577,667	

Data Source

Kids Count Bk

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	7.5	7	6.5	6	5.5

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source of data: Kids Count book (Ann Casey/Robert Wood Johnson Foundation); US Census Bureau.

Note: This is children age 17 and below.

2. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source of data: Kids Count book (Ann Casey/Robert Wood Johnson Foundation); US Census Bureau.

Note: This is children age 17 and below.

3. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

Provisional estimate from Robert Wood Johnson foundation figures and US Census Bureau figures.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			23	49	17
Annual Indicator		23.0	17.5	29.8	30.8
Numerator		18,232	14,862	20,391	24,218
Denominator		79,406	84,925	68,500	78,700
Data Source					ISDH - WIC pgm
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	30	29	28	27	25
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2008**Field Note:**

Note for 2006: Program would not allow correction of spelling in 2006 note. "WUC" should be "WIC".

"Figures provided for CY 2005 by WIC program may have been in error. Actual figures for CY 2006 from the WIC program are 14862 (numerator) and 17.5% (denominator calculated from those to be 84975). This would be much closer to the original WIC estimates for CY 2005 (18232/79406=23%) and show a marked decrease due to our effective programs. The corrected but suspect figures for CY 2005 are being checked by WIC at this time.

Update: Percentages provided for 2007 (29.8%) and 2008 (30.8%) WIC seem quite high, but may reflect that the original objective of 49 for 2007 was too high but the 2008 objective should not have been lowered by such a large amount. Of course, the program will not allow changes for objectives of 2007 and 2008 which would have been 35% and 31% respectively & thus objectives would have been met both years. With the numerator and percentage provided by the WIC program for 2007 and 2008, the denominator is a calculated figure.

Source of data: ISDH - WIC program

2. Section Number: Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2007**Field Note:**

Figures provided for CY 2005 by WIC program may have been in error. Actual figures for CY 2006 from the WIC program are 14862 (numerator) and 17.5% (denominator calculated from those to be 84975). This would be much closer to the original WIC estimates for CY 2005 (18232/79406=23%) and show a marked decrease due to our effective programs. The corrected but suspect figures for CY 2005 are being checked by WIC at this time. Final figures for CY 2005 will be entered into the historical notes when available. Source of data: ISDH WIC program. Application would not allow change of 2007 objective. Actual objective would be 17.5%.

Update: Percentages provided for 2007 (29.8%) and 2008 (30.8%) WIC seem quite high, but may reflect that the original objective of 49 for 2007 was too high but the 2008 objective should not have been lowered by such a large amount. Of course the program will not allow changes for objectives of 2008 (see 2008 note).

3. Section Number: Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2006**Field Note:**

Corrected information for this historical note (also see note for 2007):

Figures provided for CY 2005 by WIC program may have been in error. Actual figures for CY 2006 from the WIC program are 14862 (numerator) and 17.5% (denominator calculated from those to be 84975).

This would be much closer to the original WUC estimates for CY 2005 (18232/79406=23%) and show a marked decrease due to our effective programs.

The corrected but suspect figures for CY 2005 are being checked by WIC at this time. Final figures for CY 2005 will be entered into the historical notes when available.

Source of data: ISDH WIC program (see original historical note below for further details).

=====

WIC information provided to us a correction for CY2005 for baseline figures. However, the TVIS application would not let us change CY2005's figures; here are the actuals:

CY2005 Numerator: 25320
 CY2005 Denominator: 51472

Which equals 49.2%.

The previous figure of 23% did not include >95% numbers.

CY2006 figure estimated based on CY2005 actuals.

Source of data: ISDH WIC Program

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			16.1	15.8	15.6
Annual Indicator		16.2	15.9	17.3	15.7
Numerator			15,589	17,005	
Denominator			97,788	98,408	
Data Source					ISDH - VR

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	15.6	15.5	15.4	15.3	15.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2008

Field Note:

Percentage provided by ISDH VR

Source of data: ISDH Vital Records (Birth Certificate Information)

2. **Section Number:** Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2007

Field Note:

Percentage and numerator provided by ISDH VR; denominator calculated.

Source of data: ISDH Vital Records (Birth Certificate Information)

3. **Section Number:** Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2006

Field Note:

Information estimated based on number of women who reported smoking on birth certificates. All of those who reported smoking on the birth certificate were definitely smoking during the final trimester. This is probably close to the actual percentage, as it only omits women who smoked through the end of their second trimester but quit prior to delivery.

Source of data: ISDH Vital Records (Birth Certificate Information)

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	8	8	8	6.9	7.1
Annual Indicator	8.1	6.9	7.3	7.2	7.1
Numerator	36	31	33		
Denominator	445,489	450,445	450,758		

Data Source

ISDH - ERC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	6.9	6.7	6.5	6.3	6.1

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2008

Field Note:

Data projected from past final data and provisional data provided for 2007 by ERC.

Source of data: ISDH - ERC

2. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2007

Field Note:

Fluctuating rate; Data from 2006 and previous years is now final.

Data from 2007 is provisional, provided by ERC.

Source of data: US Census Bureau, ISDH ERC

3. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2006

Field Note:

Estimate provided based on previous year's figures which are now final. Despite this measure fluctuating considerably, it is hoped we can maintain at CY2005's level of 6.9.

TVIS application did not allow changing objective for 2006; projected objective would have been changed to 6.9.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	58	77	80	81	78
Annual Indicator	78.5	77.4	70.3	77.4	78
Numerator	1,002	947	893		
Denominator	1,277	1,224	1,271		

Data Source

MCH Cons Pgm

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	80	82	84	86	88
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

All data are for the calendar year and not the fiscal year.

Estimates provided based on CY2006 figures which are now final. CY2007 data is not yet available.

Source of data: ISDH MCH Consultant Program.

2. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

All data are for the calendar year and not the fiscal year.

Estimates provided based on CY2006 figures which are now final. CY2007 data is not yet available.

Source of data: ISDH MCH Consultant Program.

Because application did not allow changing the objective, the objective would actually be 77.

3. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

All data are for the calendar year and not the fiscal year.

CY2006 figures used. Source of data: ISDH MCH Consultant Program.

This major drop is a suspected outlier. Further checking into the hospitals identifying themselves as level three, especially considering name-changes, mergers, hospitals that no longer do deliveries, etc. will be required to ensure that this is an accurate figure. At the moment it is the best using the data supplied.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	80.4	81.1	81	78.5	76.6
Annual Indicator	78.5	78.2	77.6	76.5	76.5
Numerator	69,054	68,723	69,358		
Denominator	87,961	87,864	89,404		

Data Source

ISDH - ERC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	77.5	78.5	79.5	80.5	81.5

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #18

Field Name: PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

Projected figure based on actual previous years and 2007 provisional data from ISDH - ERC.

Source of data: ISDH ERC

- 2.
- Section Number:**
- Form11_Performance Measure #18

Field Name: PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Provisional calculated based on trend analysis. Program will not allow us to change objective for 2007 or it would have been lowered. Future objectives have been adjusted based on trend analysis; however, we are hoping to reverse the downward trend in the near future based on our programs.

Source of data will be ISDH ERC

- 3.
- Section Number:**
- Form11_Performance Measure #18

Field Name: PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

Actual data final.

Source of data: ISDH ERC.

STATE PERFORMANCE MEASURE # 1

The number of data sets, including the NBS, UNHS, Lead, IBDPR, Immunizations, CSHCS, Vital Statistics, and First Steps Data, that are completely integrated into the Indiana Child Health Data Set.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u> </u>	<u> </u>	<u> 1</u>	<u> 1</u>	<u> 1</u>
Annual Indicator	<u> </u>	<u> 1</u>	<u> 2</u>	<u> 1</u>	<u> 1</u>
Numerator	<u> </u>	<u> 1</u>	<u> 2</u>	<u> 1</u>	<u> 1</u>
Denominator	<u> 1</u>	<u> 1</u>	<u> 1</u>	<u> 1</u>	<u> 1</u>
Data Source					ISDH - DISC
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u> 1</u>	<u> 1</u>	<u> 1</u>	<u> 1</u>	<u> 1</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2008
Field Note:
 Source of Data: ISDH Data Integration Steering Committee
- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2007
Field Note:
 Source of Data: ISDH Data Integration Steering Committee
- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2006
Field Note:
 Source of Data: ISDH Data Integration Steering Committee

STATE PERFORMANCE MEASURE # 2

The rate per 10,000 for asthma hospitalizations (ICD 9 Codes: 493.0 - 493.9) among children less than five years old.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	73.3	38	29	28	23
Annual Indicator	29.6	28.9	25.0	22.9	20
Numerator	1,276	1,242	1,076		
Denominator	430,557	430,439	431,089		
Data Source					ISDH Asthma Pgm
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	20	19	18	17	16
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2008

Field Note:

Projected data based on previous years' data.

Source of data: ISDH Asthma program

- Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2007

Field Note:

Minor correction from ISDH Asthma Program (Chronic Disease): Actual data for FY2007 would have been 22.88 per 10,000 children under age 5. 40 children who were not Indiana residents had been previously included in data submitted by the Asthma program.

Source of data will be ISDH Chronic Disease Program

- Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2006

Field Note:

Source of data: ISDH Chronic Disease Program

STATE PERFORMANCE MEASURE # 3

The percent of live births to mothers who smoke.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	19.5	17.8	17.1	16.5	16
Annual Indicator	17.9	17.7	17.3	17.1	16.9
Numerator	15,707	15,589	15,450		
Denominator	87,961	87,864	89,404		
Data Source					ISDH - ERC
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	16.7	16.5	16.3	16.1	15.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

Projected data.

Source of data will be ISDH Epidemiology Resource Center. Data for CY2007 based on trend analysis.

Application would not allow a change in 2008 objective. However, actual 2008 objective would have been 16.8.

2. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source of data will be ISDH Epidemiology Resource Center. Data for CY2007 based on trend analysis.

Application would not allow a change in 2007 objective. However, actual 2007 objective will be 17.1.

3. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source of data ISDH Epidemiology Resource Center. Data for CY2006.

STATE PERFORMANCE MEASURE # 4

The percent of black women (15 through 44) with a live birth whose prenatal care visits were adequate.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	67	62	63	64	59
Annual Indicator	61.3	60	57.3	58	58
Numerator			5,957		
Denominator			10,396		
Data Source					ISDH - ERC
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	59	60	61	62	63
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

IProjection based on trend analysis. Data for FY2008 not available.

Application would not allow change of 2008 objective. Actual 2008 objective would be 58.

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator will be provided by Epidemiology Resource Center. Data provided for FY2007 based on trend analysis.

Application would not allow change of 2007 objective. Actual 2007 objective will be 58.

3. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

Indicator provided by Epidemiology Resource Center. Denominator provided by ERC also. Numerator calculated.

STATE PERFORMANCE MEASURE # 5

The percentage of children age 0 to 7 years with blood lead levels equal to or greater than 10 Micrograms per deciliter.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			2.4	2.4	0.8
Annual Indicator		2.5	1.0	0.8	0.8
Numerator			637	573	
Denominator			61,650	72,798	
Data Source					ISDH - LEAD
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>0.7</u>	<u>0.6</u>	<u>0.6</u>	<u>0.5</u>	<u>0.5</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

Projection made based on previous years' data.

Source of data: ISDH LEAD program.

2. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source of data: ISDH LEAD Program. Now that the new software is completely installed and running, the improvement was dramatic. The application will not allow for changes to objectives in 2006-2007, but the actual figures were much smaller. This trend we hope to continue. 2007 figure is provisional based on the new baseline figure (2006's actual). Objectives revised to reflect this as well.

2007 objective will be .9.

3. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source of data: ISDH LEAD Program. Now that the new software is completely installed and running, the improvement was dramatic. The application will not allow for changes to objectives in 2006-2007, but the actual figures were much smaller. This trend we hope to continue. 2007 figure is provisional based on the new baseline figure (2006's actual). Objectives revised to reflect this as well. 2006 objective would have been 1.0.

STATE PERFORMANCE MEASURE # 6

The proportion of births occurring within 18 months of a previous birth to the same birth mother.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			18	17	16
Annual Indicator		18.4	11.9	17	16
Numerator					
Denominator					
Data Source					ISDH ERC
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	15	14	14	13	12
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2008

Field Note:

Am attempting to get this data from ISDH ERC.

- Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2007

Field Note:

FY 2007 Data Unavailable. Indicator has been entered to reflect expected objective. Real objective will be maintained at 17, as 11.9 could be an outlier. Figure is inconsistent; no trend analysis possible yet. Source of Data will be ISDH HSC Program.

- Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2006

Field Note:

FY2006 data unavailable; baseline continued.

STATE PERFORMANCE MEASURE # 7

Number of community/neighborhood partnerships begun in 5 targeted counties to identify perinatal disparities.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			1	1	1
Annual Indicator		1	1	1	1
Numerator		1	1	1	1
Denominator	1	1	1	1	1
Data Source					HSD SME
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	_____ 1	_____ 1	_____ 1	_____ 1	_____ 1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2008

Field Note:

Targeted counties are Allen, Elkhart, Lake, Marion, and St. Joseph. Per Beth Johnson, ISDH Health Systems Development Consultant working closely on this goal, we are achieving success in establishing partnerships with at least one community/neighborhood site in each of the targeted counties per year. The goal is eventually to have 5 community/neighborhood sites partnering in each of the five counties to identify and address perinatal disparities.

2. **Section Number:** Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2007

Field Note:

Targeted counties are Allen, Elkhart, Lake, Marion, and St. Joseph. Per Beth Johnson, ISDH Health Systems Development Consultant working closely on this goal, we are achieving success in establishing partnerships with at least one community/neighborhood site in each of the targeted counties per year. The goal is eventually to have 5 community/neighborhood sites partnering in each of the five counties to identify and address perinatal disparities.

STATE PERFORMANCE MEASURE # 8

The percentage of high school students who are overweight or at risk.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			24.9	24.1	28
Annual Indicator		25.7	25.7	29.1	29.1
Numerator					
Denominator					
Data Source					YRBS
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	28.5	27	24.5	22	19.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

Program would not allow changing 2008 objective or it would have been changed to 29.1, as the YRBS is only conducted every other year.

Source of Data: ISDH YRBS Program.

2. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source of Data: ISDH YRBS Program.

Future objectives adjusted based on 2007 information provided.

3. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source of data will be ISDH YRBS Program. FY2006 data unavailable at present. Data expected to be available prior to end of calendar year. Baseline figure used as projection for FY2006.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: IN

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	7.5	7.4	7.6	7.8	7.7
Annual Indicator	8.1	8.0	7.9	7.8	7.6
Numerator	704	699	702		
Denominator	87,124	87,864	89,404		
Data Source					ISDH - ERC
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	7.6	7.5	7.4	7.3	7.2
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2008

Field Note:

Data projected from previous years. FY2007 data not yet available. FY2007 data expected to be available by end of year. FY2008 data will not be.

Source of data will be ISDH ERC

2. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2007

Field Note:

Data projected from previous year. FY2007 data not yet available. FY2007 data expected to be available by end of year.

Source of data will be ISDH ERC

3. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2006

Field Note:

Source of data: ISDH ERC

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	2.1	2.5	2.4	2.3	2.6
Annual Indicator	2.5	2.4	2.8	2.8	2.4
Numerator	17.2	16.9	18.1		
Denominator	6.9	6.9	6.4		

Data Source

ISDH - ERC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	2.4	2.4	2.2	2	1.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2008

Field Note:

Estimate provided based on fluctuating data, projected to be same as 2007. Source will be ISDH ERC.

Application would not allow a change for objective for 2008. Actual 2007 objective: 2.8.

2. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2007

Field Note:

FY2007 data not yet available. Estimate provided based on fluctuating data, projected to be same as 2006. Source will be ISDH ERC.

Application would not allow a change for objective for 2007. Actual 2007 objective: 2.8.

3. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2006

Field Note:

Source of data: ISDH ERC

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	4.5	4.8	4.7	5.3	4.5
Annual Indicator	5.4	5.4	4.8	4.6	4.4
Numerator	474	475	433		
Denominator	87,961	87,864	89,404		

Data Source

ISDH - ERC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	4.3	4.2	4.1	4	3.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

FY2008 data not yet available. Estimate provided based on trend analysis. Application would not allow me to change 2008 objective. 2008's actual objective will be 4.4.

Source of data will be ISDH ERC.

2. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

FY2007 data not yet available. Estimate provided based on trend analysis. Application would not allow me to change 2007 objective. 2007's actual objective will be 4.6.

Source of data will be ISDH ERC.

3. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

FY2006 data not yet available. Estimate provided based on trend analysis.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	2.4	2.5	2.4	2.4	2.4
Annual Indicator	2.6	2.5	3.0	2.5	2.5
Numerator	230	224	269		
Denominator	87,961	87,864	89,404		

Data Source

ISDH - ERC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	2.4	2.3	2.2	2.1	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data not yet available. Projection based on trend analysis. Application would not allow change of objective for 2008. Actual 2008 objective is 2.5.

Source of data will be ISDH ERC.

2. **Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data not yet available. Projection based on trend analysis. Application would not allow change of objective for 2007. Actual 2007 objective is 2.5.

Source of data will be ISDH ERC.

3. **Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2006

Field Note:

Source of data: ISDH ERC.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	7.5	6.3	6.8	6.7	6.4
Annual Indicator	6.9	7.1	6.7	11.1	11.1
Numerator	609	624	606		
Denominator	88,500	87,864	89,973		

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	11	10.8	10.5	10.3	10

Annual Indicator**Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2008

Field Note:

Method of calculation of this rate by ERC changed. It is being reported as [(fetal deaths+neonatal deaths)/(fetal deaths+live births)] times 1000. This yields a rate consistently 4-5 points higher than the previous calculation which did not take neonatal deaths into consideration and thus had a lower numerator. The approximate similar number would have remained in the 6.7-6.9 range had no changes to the manner of calculation been made. TVIS program would not allow a change in the 2008 objective which would have been 11.5.

Source of data: ISDH - ERC

2. Section Number: Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2007

Field Note:

Method of calculation of this rate by ERC changed. It is being reported as [(fetal deaths+neonatal deaths)/(fetal deaths+live births)] times 1000. This yields a rate consistently 4-5 points higher than the previous calculation which did not take neonatal deaths into consideration and thus had a higher numerator. The approximate similar number would have remained in the 6.7-6.9 range had no changes to the manner of calculation been made. TVIS program would not allow a change in the 2007 objective which would have been 11.5.

Source of data: ISDH - ERC

3. Section Number: Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2006

Field Note:

FY2006 data not yet available. Estimate provided based on trend analysis.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	20	18	21	20	19
Annual Indicator	23.5	23.7	23.7	21	21
Numerator	292	294	308		
Denominator	1,244,380	1,239,705	1,301,093		

Data Source

ISDH - ERC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	20	19	18	17	16

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data not available. Projection given based on previous years' data. Unable to change 2008 objective, which would have been 21.

Source of data will be ERC.

2. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

Projection based on prior data. Objective would have been changed to 23.7. 2007 data not yet available.

Source of data will be ERC.

3. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2006

Field Note:

Source of data: US Census Bureau, ISDH ERC.

Note: ERC corrected the rate given to 23.7; numerator adjusted accordingly.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: IN

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

0

Total Score: 9

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

While ISDH and MCH/CSHCS does have parents of special needs children who work in various capacities in various areas on staff, that is not what they have been hired to do as their main job function. They are asked to participate on various task forces and for their input wherever appropriate, to participate in the Title V Block Grant application as appropriate, and to be involved with service training in MCH as appropriate, but not for 100% of their time, as that is not what their main job description is. However, MCH does offer financial support for parent activities and groups. Thus questions 1, 3, and 4 are self-rated as 2 while question #2 is definitely a 3 and question #5 must be a 0. Because we have at least one 0, we cannot claim higher than a 1 although in terms of strict averaging, we would be a 2. The key is the wording "involved in ALL of the above" which, with a 0, was not in our judgement "mostly met" although again, this could be arguably changed to being a 2 next year.

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: IN FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To decrease high-risk pregnancies, fetal death, low birth weight, infant mortality, and reduce racial and ethnic disparities in prgnancy outcomes.
2. To reduce barriers to access to health care, mental health care, and dental care for pregnant women, infants, children, children with special health care needs, adolescents, women, and families.
3. To build and strengthen in systems of family support, education, and involvement to empower families to improve health care behaviors.
4. To reduce morbidity and mortality rates in from environmentally-related health conditions including asthma, lead poisoning, and birth defects.
5. To decrease tobacco use in Indiana.
6. To integrate information systems which facilitate early identification and provision of services to children with special health care needs.
7. To reduce risk behaviors in adolescents including unintentional injuries and violence, tobacco, alcohol and other drug use, risky sexual behavior, teen pregnancy, unhealthy dietary behaviors and physical inactivity.
8. To reduce obesity in Indiana.
9. To reduce the rates of domestic violence to women and children, child abuse, and childhood injury in Indiana.
10. To improve racial and ethnic disparities in women of childbearing age, mothers' and children's health outcomes.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: IN

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Training is requested on how to evaluate the effectiveness of presentations and educational materials on adolescent health issues.	Indiana published its first state adolescent health plan in May 2009. Indiana wants to be sure that any materials produced or presentations given are effective at teaching about adolescent health issues and appeal to the adolescent population.	Individuals qualified to provide such training could be identified from the National Adolescent Health Information Center (University of California, San Francisco) or the State Adolescent Health Resource Center (University of Minnesota).
2.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>16</u>	QPR training (Question, Persuade, and Refer), the most widely taught gatekeeper training program for the prevention of teen suicide needs to be made available due to the historic number of suicides in Indiana from 2006 to 2008.	There was a 49% increase in suicide call to the Indiana 211 helpline from 2007 to 2008. The most recent data available showed suicides up 31% for 2006.	Suicide Prevention Resource Center Consultant. (TBD)
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: IN

SP # 1

PERFORMANCE MEASURE:

The number of data sets, including the NBS, UNHS, Lead, IBDPR, Immunizations, CSHCS, Vital Statistics, and First Steps Data, that are completely integrated into the Indiana Child Health Data Set.

STATUS:

Active

GOAL

The five-year goal is to integrate 5 of the data sets listed in performance measure SP01.

DEFINITION

Completely integrated is defined as successfully bringing input from that data set into the Operational Data Store for incorporation within the Indiana Child Health Data Set. A data set is defined as an input or output file from a specific data source such as Newborn Screening or Universal Newborn Hearing Screening.

Numerator:

Number of data sets integrated

Denominator:

Maximum number of data sets to integrate (5)

Units: 1 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

17-02a Linked automated information systems used by health care professionals in hospitals and inte

DATA SOURCES AND DATA ISSUES

Operational Data Store, Data Integration Steering Committee, NBS, UNHS, Lead, IBDPR, Immunizations, CSHCS, Vital Statistics, and First Steps Data, that are completely integrated into the Indiana Child Health Data Set.

SIGNIFICANCE

Linkage of disparate systems into a single integrated ODS will allow faster and more accurate data to be drawn via data mart in order to provide improved, needed follow-up for children with special health care needs.

SP # 2

PERFORMANCE MEASURE:

The rate per 10,000 for asthma hospitalizations (ICD 9 Codes: 493.0 - 493.9) among children less than five years old.

STATUS:

Active

GOAL

To reduce asthma hospitalizations among children less than five years old.

DEFINITION

Numerator:

Number of resident asthma (ICD 9 Codes: 493.0 - 493.9) hospital discharges for children less than five years old.

Denominator:

Estimate of all children less than five years old in the state.

Units: 10000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

To reduce the rate of hospitalization for asthma to 25 per 10,000 population aged under five years.

DATA SOURCES AND DATA ISSUES

Numerator: Hospital discharge data from the Indiana Health and Hospital Association. Denominator: Census estimates.

SIGNIFICANCE

Please see Core Health Status Indicator 1. Indiana has chosen to use the indicator as a performance measure because of the critical importance of asthma as the primary cause of hospitalization for children.

SP # 3

PERFORMANCE MEASURE:

The percent of live births to mothers who smoke.

STATUS:

Active

GOAL

To reduce the prevalence of smoking in mothers.

DEFINITION

Numerator:

Number of live births to mothers who smoke.

Denominator:

Number of live births.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

#16-17C To reduce to 1% the percent of live births to mothers who smoke.

This would be the same as increasing the abstinence from smoking among pregnant women who experience a live birth to 99%.

DATA SOURCES AND DATA ISSUES

Numerator and Denominator: Indiana Birth Records. These definitions will not include women whose pregnancy ends in fetal demise or miscarriage.

SIGNIFICANCE

This measure is an attempt at measuring the impact of public health activities at reducing the prevalence of smoking among pregnant women. Smoking during pregnancy leads to low birth weight and increased risk of infant death in the first year of life. Smoking cessation in the whole population is an ISDH priority.

SP # 4

PERFORMANCE MEASURE:

The percent of black women (15 through 44) with a live birth whose prenatal care visits were adequate.

STATUS:

Active

GOAL

To increase the adequacy of prenatal care for black mothers in Indiana.

DEFINITION

Numerator:

The number of black women (15 through 44) with a live birth during the reporting year whose observed versus expected prenatal visits are greater than or equal 80 percent on the Kotelchuck index.

Denominator:

Total number of black women (15 through 44) with a live birth.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

#16-06B Increase the proportion of pregnant women who receive early and adequate prenatal care.

DATA SOURCES AND DATA ISSUES

Numerator and Denominator: Indiana Birth Records. These definitions will not include women whose pregnancy ends in fetal demise or miscarriage. Early, quality prenatal care can help to significantly reduce perinatal mortality and morbidity. The proportion of mothers with inadequate care among Blacks and Hispanics was more than twice that among whites throughout the 1990's. Only White adult (20 years and older) mothers achieved the goal of 90% initiating prenatal care in the first trimester as set by Healthy People 2010.

SIGNIFICANCE

There is a large disparity between black and white women in Indiana in the adequacy of prenatal care received.

SP # 5

PERFORMANCE MEASURE:

The percentage of children age 0 to 7 years with blood lead levels equal to or greater than 10 Micrograms per deciliter.

STATUS:

Active

GOAL

Decrease the percentage of children age 0 to 7 years with blood lead levels equal to or greater than 10 Micrograms per deciliter from the baseline of 2.5%

DEFINITION

Numerator:

Number of children age 0 to 7 years with blood lead levels equal to or greater than 10 Micrograms per deciliter.

Denominator:

Number of children age 0 to 7 years tested for elevated BLL.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

#08-11 Eliminate elevated blood lead levels in children.

This would be the same as reducing the elevated BLL to zero (0%).

DATA SOURCES AND DATA ISSUES

Childhood Lead Poisoning Prevention Program's database.

SIGNIFICANCE

It is a significant state performance measure in the growth and development of young children. Lead is highly toxic, especially to young children. It can harm a child's brain, kidneys, bone marrow and other body systems. Lead poisoning is a completely preventable disease.

SP # 6

PERFORMANCE MEASURE:

The proportion of births occurring within 18 months of a previous birth to the same birth mother.

STATUS:

Active

GOAL

Reduce the proportion of births that occur within 18 months of a previous birth to the same birth mother from 18.4% to 15%.

DEFINITION

Interpregnancy interval refers to the time interval from one child's birth date until the conception of a subsequent pregnancy, calculated as the birth date minus the gestation of the subsequent birth to the same birth mother.

Numerator:

The number of women age 15 to 44 years who have had a subsequent birth within 18 months of a previous live birth.

Denominator:

All women age 15-44 years who give birth to another child during the calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 9-2. Reduce the proportion of births occurring within 24 months of a previous birth.

DATA SOURCES AND DATA ISSUES

Data source: vital statistics data from the calendar year.

SIGNIFICANCE

A short interval between pregnancies has been associated with adverse perinatal outcomes. Among all singleton live births to multiparous mothers in Indiana between 1994 and 1998 (N=202,794), 18.8% were conceived in less than 12 months, 6.2% in less than 6 months, and 1.8% in less than 3 months following the previous live births. The risks of adverse birth outcomes were lowest among infants born after an 18-23 month interpregnancy interval; shorter intervals were associated with higher risks. These associations persisted when effects of 9 demographic, behavioral, and health risk factors were controlled.

SP # 7

PERFORMANCE MEASURE:

Number of community/neighborhood partnerships begun in 5 targeted counties to identify perinatal disparities.

STATUS:

Active

GOAL

Increase the number of targeted communities with such community/neighborhood partnerships from 0 to 5.

DEFINITION

Perinatal disparities are defined as the gap between black and white pregnancy outcomes. The definition of the perinatal period is extended to the period from conception to the pregnancy outcome, through the first year of a child's life. Targeted counties are Allen, Elkhart, Lake, Marion, and St. Joseph

Numerator:

The number of community/neighborhood partnerships established in 5 targeted counties to identify perinatal disparities so that appropriate responses can be implemented at the local level to lessen these differences.

Denominator:

Five (5 targeted counties).

Units: 1 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

16-1. Reduction in all infant deaths (within 1 year).
16-6. Increase the proportion of pregnant women who receive early and adequate prenatal care.
16-10. Reduce low birth weigh and very low birth weight.

DATA SOURCES AND DATA ISSUES

In the notes for this measure is a checklist of 4 characteristics that document ISDH/neighborhood partnerships to reduce disparities and improve perinatal outcomes. Each characteristic will range from 0 to 5, indicating the number of counties where full partnership has occurred. A total score of 20 is possible.

SIGNIFICANCE

Research supports social determinants as a major cause of disparity issues. A public health approach to addressing disparities in birth outcomes at the local level stands a promising chance of making an impact. Social determinates are best dealt with at the neighborhood level by building neighborhood capacity to focus on population well-being. This approach would incorporate early prevention, community collaborations, training and technical assistance to develop a comprehensive approach of the social and environmental factors that impact racial disparities in each of the five counties.

SP # 8

PERFORMANCE MEASURE:

The percentage of high school students who are overweight or at risk.

STATUS:

Active

GOAL

Decrease the percentage of high school students who are identified by the YRBS as overweight or at risk from 25.7% by 3% over five years.

DEFINITION

Children and teens under 20 years of age, with a body mass index (BMI) greater than 85 percentile are considered overweight or at risk.

Numerator:

Youth Risk Behavior Survey participants with a body mass index (BMI) greater than 85 percentile.

Denominator:

Number of children and teens who participate in YRBS.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Increase the proportion of children with intake of healthy meals & snacks at school.

Increase the proportion of children who consume at least two daily servings of fruit and vegetables.

Increase the proportion of adolescents who engage in vigorous cardio vascular physical activity.

Increase the proportion of adolescents who engage in moderate physical activity for at least 43%.

DATA SOURCES AND DATA ISSUES

Initially the Youth Risk Behavior System will be the main data source. If the School Weight and Height Collection Survey is representative of the population, it can be used. The Data Assessment Project is currently evaluating other available data. Data component of the CDC State Plan Index has been used as the major tool for data assessment and evaluation. A mini grant with Ruth Lilly Education Center also provides limited data in terms of pre/after nutrition and physical activity awareness training to high school students.

SIGNIFICANCE

Indiana is the 4th most obese state in the nation. One of three Indiana children is overweight. Children and adolescents who are overweight are at the risk of heart disease, high blood pressure, type 2 diabetes. Overweight adolescents have a 70% chance of becoming overweight or obese adults. The most immediate consequence of overweight, as perceived by children themselves, is social discrimination. It is significant for children to include healthy eating and active life style to their routine life. Community based, family oriented program is essential.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: IN

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2004	2005	<u>Annual Indicator Data</u>		2008
			2006	2007	
Annual Indicator	29.6	28.9	25.0	23.8	22
Numerator	1,276	1,243	1,076	1,041	
Denominator	430,557	430,439	431,089	437,494	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

Projection made based on prior years' data.

2008 data not yet available. Source will be ISDH Asthma (Chronic Disease Program).

2. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

Source of data: ISDH Asthma (Chronic Disease Program)

3. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2006

Field Note:

Source of data: ISDH Chronic Disease Program

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>65.6</u>	<u>61.4</u>	<u>83.4</u>	<u>83.2</u>	<u>83.4</u>
Numerator	<u>53,875</u>	<u>52,964</u>	<u>44,186</u>	<u>43,067</u>	<u>43,048</u>
Denominator	<u>82,169</u>	<u>86,298</u>	<u>52,965</u>	<u>51,784</u>	<u>51,593</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

Data provided By OMPP using their new data system.

This system has been revised and is finally providing comprehensive data as of FY2008. Efforts to run reports for the past two years are being made. Until that time, projected data calculated using the previous data supplied by Medicaid and the current 2008 data has necessitated a change in the 2006 data and given projections for 2007.

Source of data: OMPP

2. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

Data provided By OMPP using their new data system.

This system has been revised and is finally providing comprehensive data as of FY2008. Efforts to run reports for the past two years are being made. Until that time, projected data calculated using the previous data supplied by Medicaid and the current 2008 data has necessitated a change in the 2006 data and given projections for 2007.

Source of data: OMPP

3. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2006

Field Note:

Data provided By OMPP using their new data system.

This system has been revised and is finally providing comprehensive data as of FY2008. Efforts to run reports for the past two years are being made. Until that time, projected data calculated using the previous data supplied by Medicaid and the current 2008 data has necessitated a change in the 2006 data and given projections for 2007.

Source of data: OMPP

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>14.2</u>	<u>12.1</u>	<u>91.7</u>	<u>91.7</u>	<u>91.7</u>
Numerator	<u>225</u>	<u>186</u>	<u>88</u>	<u>88</u>	<u>88</u>
Denominator	<u>1,581</u>	<u>1,531</u>	<u>96</u>	<u>96</u>	<u>96</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

Finally in 2008 the Medicaid computer system upgrade is producing verifiable data and accurate reports. Attempts are being made to get these same reports run for 2006 and 2007. Until that time, 2008's accurate and final data are being used as a place-holder for those years.

Source of data: OMPP (Medicaid)

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

Finally in 2008 the Medicaid computer system upgrade is producing verifiable data and accurate reports. Attempts are being made to get these same reports run for 2006 and 2007. Until that time, 2008's accurate and final data are being used as a place-holder for those years.

Source of data: OMPP (Medicaid)

3. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

Finally in 2008 the Medicaid computer system upgrade is producing verifiable data and accurate reports. Attempts are being made to get these same reports run for 2006 and 2007. Until that time, 2008's accurate and final data are being used as a place-holder for those years.

Source of data: OMPP (Medicaid)

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	72.3	71.1	69.4	69.4	70.9
Numerator	62,991	61,767	61,027		
Denominator	87,124	86,887	87,936		

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data not available. Projection made based on prior years' data.

Source of data will be ISDH ERC.

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data not yet available

Figure projected to be maintained at current level.

Source of Data will be ISDH ERC.

3. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2006

Field Note:

Source of data: ISDH ERC. Numerator calculated.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2004	2005	Annual Indicator Data		
			2006	2007	2008
Annual Indicator	85.0	89.7	89.1	89.9	91.5
Numerator	417,252	442,210	587,109	602,779	622,030
Denominator	490,996	492,835	659,227	670,468	679,769

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Finally received actual data from OMPP for 2006, 2007, and 2008. 2006 should be treated as baseline data.

Source of data: OMPP (Medicaid)

2. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Finally received actual data from OMPP for 2006, 2007, and 2008. 2006 should be treated as baseline data.

Source of data: OMPP (Medicaid)

3. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Finally received actual data from OMPP for 2006, 2007, and 2008. 2006 should be treated as baseline data.

Source of data: OMPP (Medicaid)

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	<u>47.1</u>	<u>47.7</u>	<u>51.7</u>	<u>55.3</u>	<u>57.8</u>
Numerator	<u>70,321</u>	<u>73,219</u>	<u>68,790</u>	<u>75,577</u>	<u>79,205</u>
Denominator	<u>149,170</u>	<u>153,452</u>	<u>133,058</u>	<u>136,558</u>	<u>137,037</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

Finally received actual data from OMPP for 2006, 2007, and 2008. 2006 should be treated as baseline data.

Source of data: OMPP (Medicaid)

2. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

Finally received actual data from OMPP for 2006, 2007, and 2008. 2006 should be treated as baseline data.

Source of data: OMPP (Medicaid)

3. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

Finally received actual data from OMPP for 2006, 2007, and 2008. 2006 should be treated as baseline data.

Source of data: OMPP (Medicaid)

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>8.4</u>	<u>2.0</u>	<u>2</u>	<u>2</u>	<u>2</u>
Numerator	<u>1,662</u>	<u>401</u>	<u></u>	<u></u>	<u></u>
Denominator	<u>19,823</u>	<u>19,823</u>	<u></u>	<u></u>	<u></u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2008

Field Note:

Note: Both the 2007 and 2008 figures are expected to be available at the same time (i.e., end of August, 2009). Projected figure used since then. With numbers so low, fluctuation is possible, but unlikely to have a large impact in the indicators now that accurate data (from 2005) has eliminated the duplicates from 2004 and earlier. Source of denominator will be SSA/SSI web page when it is updated by the Feds shortly. Source of numerator will be ISDH CSHCS program, available by end of August.

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

Note: Both the 2007 and 2008 figures are expected to be available at the same time (i.e., end of August, 2009). Projected figure used since then. With numbers so low, fluctuation is possible, but unlikely to have a large impact in the indicators now that accurate data (from 2005) has eliminated the duplicates from 2004 and earlier. Source of denominator will be SSA/SSI web page when it is updated by the Feds shortly. Source of numerator will be ISDH CSHCS program, available by end of August.

3. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

Field Note:

Source of data: ISDH CSHCS. Federal SSA/SSI page not updated to include needed figures to make this more than an estimate.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: IN

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2008	Other	<u>9.5</u>	<u>7.4</u>	<u>8.1</u>
b) <i>Infant deaths per 1,000 live births</i>	2008	Other	<u>8</u>	<u>7</u>	<u>7.4</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2008	Other	<u>73.2</u>	<u>89.9</u>	<u>80.6</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2008	Other	<u>69.9</u>	<u>74.5</u>	<u>71.3</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: IN

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	150
b) <i>Medicaid Children</i> (Age range <u> </u> 1 to <u> </u> 18) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2008	133
c) <i>Pregnant Women</i>	2008	150

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: IN

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2008	200
b) <i>Medicaid Children</i> (Age range <u> </u> 1 to <u> </u> 18) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2008	200
c) <i>Pregnant Women</i>	2008	150

FORM NOTES FOR FORM 18

Use of 2006 figures from last year's grant application necessitated as data for 2007 and 2008 not yet available.

Source of data will be ISDH - ERC and OMPP (Medicaid)

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 05

Field Name: LowBirthWeight

Row Name: Percent of ow birth weight (<2,500 grams)

Column Name:

Year: 2010

Field Note:

Use of 2006 figures from last year's grant application necessitated as data for 2007 and 2008 not yet available.

Source of data will be ISDH - ERC and OMPP (Medicaid)

Note: Medicaid is currently researching to provide these figures for 2007 and 2008.

2. **Section Number:** Form18_Indicator 05

Field Name: InfantDeath

Row Name: Infant deaths per 1,000 live births

Column Name:

Year: 2010

Field Note:

Use of 2006 figures from last year's grant application necessitated as data for 2007 and 2008 not yet available.

Source of data will be ISDH - ERC and OMPP (Medicaid)

Note: Medicaid is currently researching to provide these figures for 2007 and 2008.

3. **Section Number:** Form18_Indicator 05

Field Name: CareFirstTrimester

Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Column Name:

Year: 2010

Field Note:

Use of 2006 figures from last year's grant application necessitated as data for 2007 and 2008 not yet available.

Source of data will be ISDH - ERC and OMPP (Medicaid)

Note: Medicaid is currently researching to provide these figures for 2007 and 2008.

4. **Section Number:** Form18_Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name:

Year: 2010

Field Note:

Use of 2006 figures from last year's grant application necessitated as data for 2007 and 2008 not yet available.

Source of data will be ISDH - ERC and OMPP (Medicaid)

Note: Medicaid is currently researching to provide these figures for 2007 and 2008.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: IN

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	No
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	No
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	2	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: IN

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: IN

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	2004	2005	<u>Annual Indicator Data</u>		2008
	2006	2007			
Annual Indicator	6.6	8.3	8.2	8.1	8
Numerator	5,781	7,249	7,334	7,277	
Denominator	87,124	87,088	89,404	89,835	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2008

Field Note:

FY2008 data not yet available. Estimate provided based on trend analysis.

2. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2007

Field Note:

FY2007 data not yet available. Estimate provided based on trend analysis.

3. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2006

Field Note:

Source of data: ISDH ERC.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>6.2</u>	<u>6.5</u>	<u>6.5</u>	<u>6.4</u>	<u>6.3</u>
Numerator	<u>5,243</u>	<u>5,464</u>	<u>5,639</u>	<u>5,749</u>	<u></u>
Denominator	<u>84,124</u>	<u>84,064</u>	<u>86,467</u>	<u>89,835</u>	<u></u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

FY2008 data not yet available. Estimate provided based on trend analysis.

2. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

FY2007 data not yet available. Estimate provided based on trend analysis.

3. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source of data: ISDH ERC.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>1.5</u>	<u>1.5</u>	<u>1.4</u>	<u>1.4</u>	<u>1.3</u>
Numerator	<u>1,277</u>	<u>1,336</u>	<u>1,271</u>	<u>1,258</u>	<u></u>
Denominator	<u>87,124</u>	<u>87,088</u>	<u>89,404</u>	<u>89,835</u>	<u></u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

FY2008 data not yet available. Estimate provided based on trend analysis.

2. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

FY2007 data not yet available. Estimate provided based on trend analysis.

3. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source of data: ISDH ERC.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>1.1</u>	<u>1.1</u>	<u>1.1</u>	<u>1.0</u>	<u>1</u>
Numerator	<u>937</u>	<u>963</u>	<u>959</u>	<u>898</u>	<u></u>
Denominator	<u>84,124</u>	<u>87,088</u>	<u>89,404</u>	<u>89,835</u>	<u></u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

FY2008 data not yet available. Estimate provided based on trend analysis.

2. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

FY2007 data not yet available. Estimate provided based on trend analysis.

3. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source of data: ISDH ERC.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	11.6	11.3	11.3	11.2	11.1
Numerator	154	150	147		
Denominator	1,330,543	1,326,607	1,301,093		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

FY2008 data not yet available. Estimate provided based on trend analysis.

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

FY2007 data not yet available. Estimate provided based on trend analysis.

3. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2006

Field Note:

Source of data: ISDH ERC.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2004	2005	Annual Indicator Data		
			2006	2007	2008
Annual Indicator	4.3	3.3	3.5	3.4	3.3
Numerator	57	44	46		
Denominator	1,330,543	1,326,607	1,301,093		

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

FY2008 data not yet available. Estimate provided based on trend analysis.

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

FY2007 data not yet available. Estimate provided based on trend analysis.

3. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

Data Source: ISDH ERC

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	29.8	26.2	25.9	25.9	25.6
Numerator	269	235	231		
Denominator	902,179	897,927	892,372		

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

FY2008 data not yet available. Estimate provided based on trend analysis.

2. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

FY2007 data not yet available. Estimate provided based on trend analysis.

3. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

Data Source: ISDH ERC

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>114.1</u>	<u>118.2</u>	<u>112.6</u>	<u>110.3</u>	<u>107</u>
Numerator	<u>1,518</u>	<u>1,568</u>	<u>1,465</u>		
Denominator	<u>1,330,543</u>	<u>1,326,607</u>	<u>1,301,093</u>		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2008**Field Note:**

FY2008 data not yet available. Estimate provided based on trend analysis. Source of data will be ISDH ERC, available by end of August 2009.

2. Section Number: Form20_Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2007**Field Note:**

FY2007 data not yet available. Estimate provided based on trend analysis. Source of data will be ISDH ERC, available by end of August 2009.

3. Section Number: Form20_Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data Source: ISDH ERC

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	23.5	17.6	16.1	16	15.7
Numerator	313	233	210		
Denominator	1,330,543	1,326,607	1,301,093		

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

FY2008 data not yet available. Estimate provided based on trend analysis. Source of data will be ISDH ERC, available by end of August 2009.

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

FY2007 data not yet available. Estimate provided based on trend analysis. Source of data will be ISDH ERC, available by end of August 2009.

3. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

Source of data: ISDH ERC.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2004	2005	Annual Indicator Data		
			2006	2007	2008
Annual Indicator	25.7	90.2	82.0	79.4	75.8
Numerator	232	810	732		
Denominator	902,177	897,927	892,372		

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

FY2008 data not yet available. Estimate provided based on trend analysis. Source of data will be ISDH ERC, available by end of August 2009.

2. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

FY2007 data not yet available. Estimate provided based on trend analysis. Source of data will be ISDH ERC, available by end of August 2009.

3. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

Source of data: ISDH ERC.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	26.6	26.8	26.2	26.9	26.3
Numerator	5,797	5,838	5,805	5,904	
Denominator	217,646	217,646	221,589	219,488	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

FY2008 data not yet available. Estimate provided based on trend analysis. Source of data will be ISDH HIV/STD program, ISDH ERC

2. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

Source of data: ISDH HIV/STD program, ISDH ERC

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>7.4</u>	<u>8.2</u>	<u>8.4</u>	<u>8.5</u>	<u>8.6</u>
Numerator	<u>8,056</u>	<u>8,862</u>	<u>9,018</u>	<u>9,165</u>	<u></u>
Denominator	<u>1,083,072</u>	<u>1,083,072</u>	<u>1,076,076</u>	<u>1,078,262</u>	<u></u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05B**Field Name:** HSI05B**Row Name:****Column Name:****Year:** 2008**Field Note:**

FY2008 data not yet available. Estimate provided based on trend analysis. Source of Data will be ISDH HIV/STD program, ISDH ERC.

2. Section Number: Form20_Health Status Indicator #05B**Field Name:** HSI05B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source of Data: ISDH HIV/STD program, ISDH ERC.

3. Section Number: Form20_Health Status Indicator #05B**Field Name:** HSI05B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source of Data: ISDH HIV/STD Program, ISDH ERC.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: IN

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	88,075	73,702	10,505	253	1,451	0	2,164	0
Children 1 through 4	349,419	295,267	38,683	733	5,413	0	9,323	0
Children 5 through 9	434,918	365,925	49,492	1,246	6,679	0	11,576	0
Children 10 through 14	437,919	371,288	49,824	1,394	5,693	0	9,720	0
Children 15 through 19	452,551	387,968	50,271	1,530	5,523	0	7,259	0
Children 20 through 24	428,771	370,802	43,446	1,571	7,576	0	5,376	0
Children 0 through 24	2,191,653	1,864,952	242,221	6,727	32,335	0	45,418	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	79,680	8,395	0
Children 1 through 4	317,429	31,990	0
Children 5 through 9	401,432	33,486	0
Children 10 through 14	409,674	28,245	0
Children 15 through 19	428,939	23,612	0
Children 20 through 24	403,747	25,024	0
Children 0 through 24	2,040,901	150,752	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: IN

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	109	67	42	0	0	0	0	0
Women 15 through 17	2,954	2,242	674	3	3	4	18	10
Women 18 through 19	6,977	5,580	1,312	12	16	17	28	12
Women 20 through 34	70,564	61,335	7,486	94	1,021	262	235	131
Women 35 or older	9,094	7,922	786	7	271	51	43	14
Women of all ages	89,698	77,146	10,300	116	1,311	334	324	167

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	91	18	0
Women 15 through 17	2,518	425	11
Women 18 through 19	6,251	712	14
Women 20 through 34	63,608	6,848	108
Women 35 or older	8,288	785	21
Women of all ages	80,756	8,788	154

FORM 21
HEALTH STATUS INDICATORS
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HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	671	494	162	0	1	1	9	4
Children 1 through 4	105	76	26	0	0	1	1	1
Children 5 through 9	62	50	11	0	0	1	0	0
Children 10 through 14	88	69	17	0	0	1	1	0
Children 15 through 19	304	255	46	0	0	1	2	0
Children 20 through 24	416	337	78	0	0	1	0	0
Children 0 through 24	1,646	1,281	340	0	1	6	13	5

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	612	59	0
Children 1 through 4	98	7	0
Children 5 through 9	56	6	0
Children 10 through 14	83	5	0
Children 15 through 19	291	13	0
Children 20 through 24	397	19	0
Children 0 through 24	1,537	109	0

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HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: IN

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	1,792,797	1,494,150	198,775	5,156	24,759	0	69,957	0	2007
Percent in household headed by single parent	33.4	28.8	66.9	0.0	0.0	0.0	0.0	0.0	2008
Percent in TANF (Grant) families	4.9	2.7	2.2	0.0	0.0	0.0	0.0	0.1	2008
Number enrolled in Medicaid	684,035	0	0	0	0	0	0	684,035	2008
Number enrolled in SCHIP	33,274	0	0	0	0	0	0	33,274	2008
Number living in foster home care	12,431	7,728	4,341	254	16	14	20	58	2008
Number enrolled in food stamp program	295,928	190,835	99,310	494	1,712	0	0	3,577	2008
Number enrolled in WIC	202,478	151,862	37,544	1,434	2,029	310	9,277	22	2008
Rate (per 100,000) of juvenile crime arrests	1,311.1	851.7	425.9	1.1	2.8	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	15.8	78.0	19.5	0.3	0.2	0.0	0.2	0.0	2007

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	1,637,154	125,728	0	2007
Percent in household headed by single parent	33.1	37.9	0.0	2008
Percent in TANF (Grant) families	0.5	0.4	0.0	2008
Number enrolled in Medicaid	0	0	684,035	2008
Number enrolled in SCHIP	0	0	33,274	2008
Number living in foster home care	11,001	1,022	408	2008
Number enrolled in food stamp program	292,499	27,436	3,577	2008
Number enrolled in WIC	164,519	37,937	22	2008
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	1,311.0	2008
Percentage of high school drop-outs (grade 9 through 12)	92.6	7.4	0.0	2007

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HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	1,270,091
Living in urban areas	1,229,799
Living in rural areas	522,052
Living in frontier areas	0
Total - all children 0 through 19	1,751,851

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

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HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	296,450.0
Percent Below: 50% of poverty	5.2
100% of poverty	12.3
200% of poverty	30.5

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HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,751,851.0
Percent Below: 50% of poverty	7.5
100% of poverty	17.4
200% of poverty	39.0

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.

Native Hawaiian or Other Pacific Islander included under "Asian".
2. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.

Native Hawaiian or Other Pacific Islander included under "Asian".
3. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.

Native Hawaiian or Other Pacific Islander included under "Asian".
4. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.

Native Hawaiian or Other Pacific Islander included under "Asian".
5. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.

Native Hawaiian or Other Pacific Islander included under "Asian".
6. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.

Native Hawaiian or Other Pacific Islander included under "Asian".
7. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
8. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
9. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
10. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2010
Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.

11. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
12. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
13. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women15
Row Name: Women < 15
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
14. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
15. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
16. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
17. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women35
Row Name: Women 35 or older
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
18. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women15
Row Name: Women < 15
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
19. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
20. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
21. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
22. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women35
Row Name: Women 35 or older
Column Name:
Year: 2010
Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.

23. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
24. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
25. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
26. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
27. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
28. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
29. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
30. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
31. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
32. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
33. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2010
Field Note:
Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.
34. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2010
Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data not yet available. 2007 data only available provisionally, not finalized.

35. Section Number: Form21_Indicator 09A

Field Name: HSIRace_Children

Row Name: All children 0 through 19

Column Name:

Year: 2010

Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data used where available, even if data were provisional. 2007 data used, even if data were provisional, where 2008 was not available.

Where break out was not possible, Native Hawaiian or other Pacific Islander are included with Asian.

36. Section Number: Form21_Indicator 09A

Field Name: HSIRace_SingleParentPercent

Row Name: Percent in household headed by single parent

Column Name:

Year: 2010

Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data used where available, even if data were provisional. 2007 data used, even if data were provisional, where 2008 was not available.

Where break out was not possible, Native Hawaiian or other Pacific Islander are included with Asian.

37. Section Number: Form21_Indicator 09A

Field Name: HSIRace_TANFPercent

Row Name: Percent in TANF (Grant) families

Column Name:

Year: 2010

Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data used where available, even if data were provisional. 2007 data used, even if data were provisional, where 2008 was not available.

Where break out was not possible, Native Hawaiian or other Pacific Islander are included with Asian.

38. Section Number: Form21_Indicator 09A

Field Name: HSIRace_MedicaidNo

Row Name: Number enrolled in Medicaid

Column Name:

Year: 2010

Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data used where available, even if data were provisional. 2007 data used, even if data were provisional, where 2008 was not available.

Where break out was not possible, Native Hawaiian or other Pacific Islander are included with Asian.

Data for Medicaid not available yet by race/ethnicity. Expected to be available by late summer. Source of data: OMPP (Medicaid)

39. Section Number: Form21_Indicator 09A

Field Name: HSIRace_SCHIPNo

Row Name: Number enrolled in SCHIP

Column Name:

Year: 2010

Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data used where available, even if data were provisional. 2007 data used, even if data were provisional, where 2008 was not available.

Where break out was not possible, Native Hawaiian or other Pacific Islander are included with Asian.

Data for SCHIP not available yet by race/ethnicity. Expected to be available by late summer. Source of data: OMPP (Medicaid)

40. Section Number: Form21_Indicator 09A

Field Name: HSIRace_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name:

Year: 2010

Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data used where available, even if data were provisional. 2007 data used, even if data were provisional, where 2008 was not available.

Where break out was not possible, Native Hawaiian or other Pacific Islander are included with Asian.

"More Than One Race" is included in "Other and Unknown" and has in the past been the majority of that category, but the data is not available to prove that with certainty.

41. Section Number: Form21_Indicator 09A

Field Name: HSIRace_WICNo

Row Name: Number enrolled in WIC

Column Name:

Year: 2010

Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data used where available, even if data were provisional. 2007 data used, even if data were provisional, where 2008 was not available.

Where break out was not possible, Native Hawaiian or other Pacific Islander are included with Asian.

42. Section Number: Form21_Indicator 09A

Field Name: HSIRace_JuvenileCrimeRate

Row Name: Rate (per 100,000) of juvenile crime arrests

Column Name:

Year: 2010

Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data used where available, even if data were provisional. 2007 data used, even if data were provisional, where 2008 was not available.

Where break out was not possible, Native Hawaiian or other Pacific Islander are included with Asian.

Source of data: Indiana State Police, US Census Bureau. Ethnicity calculated based on overall population percentages, as ethnicity is treated as a race by ISP.

43. Section Number: Form21_Indicator 09A

Field Name: HSIRace_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name:

Year: 2010

Field Note:

Source of data: 2007 data from Ann E. Casey "Kids Count" book, as initial 2008 data from IPS is being researched by IPS since it was inaccurate.

Where break out was not possible, Native Hawaiian or other Pacific Islander are included with Asian.

The 15.8% is the total drop out rate. The demographics percentages are the percentages within that 15.8%, e.g., of the total drop-outs, 78% of them were white.

44. Section Number: Form21_Indicator 09B

Field Name: HSIEthnicity_Children

Row Name: All children 0 through 19

Column Name:

Year: 2010

Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data used where available, even if data were provisional. 2007 data used, even if data were provisional, where 2008 was not available.

Where break out was not possible, Native Hawaiian or other Pacific Islander are included with Asian.

45. Section Number: Form21_Indicator 09B

Field Name: HSIEthnicity_SingleParentPercent

Row Name: Percent in household headed by single parent

Column Name:

Year: 2010

Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data used where available, even if data were provisional. 2007 data used, even if data were provisional, where 2008 was not available.

Where break out was not possible, Native Hawaiian or other Pacific Islander are included with Asian.

46. Section Number: Form21_Indicator 09B

Field Name: HSIEthnicity_TANFPercent

Row Name: Percent in TANF (Grant) families

Column Name:

Year: 2010

Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data used where available, even if data were provisional. 2007 data used, even if data were provisional, where 2008 was not available.

Where break out was not possible, Native Hawaiian or other Pacific Islander are included with Asian.

47. Section Number: Form21_Indicator 09B

Field Name: HSIEthnicity_MedicaidNo

Row Name: Number enrolled in Medicaid

Column Name:

Year: 2010

Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data used where available, even if data were provisional. 2007 data used, even if data were provisional, where 2008 was not available.

Where break out was not possible, Native Hawaiian or other Pacific Islander are included with Asian.

Data for Medicaid not available yet by race/ethnicity. Expected to be available by late summer. Source of data: OMPP (Medicaid)

48. Section Number: Form21_Indicator 09B

Field Name: HSIEthnicity_SCHIPNo

Row Name: Number enrolled in SCHIP

Column Name:

Year: 2010

Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data used where available, even if data were provisional. 2007 data used, even if data were provisional, where 2008 was not available.

Where break out was not possible, Native Hawaiian or other Pacific Islander are included with Asian.

Data for SCHIP not available yet by race/ethnicity. Expected to be available by late summer. Source of data: OMPP (Medicaid)

49. Section Number: Form21_Indicator 09B

Field Name: HSIEthnicity_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name:

Year: 2010

Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data used where available, even if data were provisional. 2007 data used, even if data were provisional, where 2008 was not available.

Where break out was not possible, Native Hawaiian or other Pacific Islander are included with Asian.

50. Section Number: Form21_Indicator 09B

Field Name: HSIEthnicity_WICNo

Row Name: Number enrolled in WIC

Column Name:

Year: 2010

Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data used where available, even if data were provisional. 2007 data used, even if data were provisional, where 2008 was not available.

Where break out was not possible, Native Hawaiian or other Pacific Islander are included with Asian.

51. Section Number: Form21_Indicator 09B

Field Name: HSIEthnicity_JuvenileCrimeRate

Row Name: Rate (per 100,000) of juvenile crime arrests

Column Name:

Year: 2010

Field Note:

Source of data: Indiana State Police. The ISP is no longer even attempting to split out Hispanic (formerly they split it as a race). Therefore the data does not exist. Everyone is therefore reported as Ethnicity Not Reported.

52. Section Number: Form21_Indicator 09B

Field Name: HSIEthnicity_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name:

Year: 2010

Field Note:

Source of data: 2007 data from Ann E. Casey "Kids Count" book, as initial 2008 data from IPS is being researched by IPS since it was inaccurate.

Where break out was not possible, Native Hawaiian or other Pacific Islander are included with Asian.

The demographics percentages are the percentages within the 15.8% overall, e.g., of the total drop-outs, approximately 7.4% were Hispanic

53. Section Number: Form21_Indicator 09A

Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2010

Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data used where available, even if data were provisional. 2007 data used, even if data were provisional, where 2008 was not available.

Where break out was not possible, Native Hawaiian or other Pacific Islander are included with Asian.

54. Section Number: Form21_Indicator 09B

Field Name: HSIEthnicity_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2010

Field Note:

Source of data: US Census Bureau as well as ISDH ERC where applicable. 2008 data used where available, even if data were provisional. 2007 data used, even if data were provisional, where 2008 was not available.

Where break out was not possible, Native Hawaiian or other Pacific Islander are included with Asian.